ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-302611

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4638 --53 --065

APPLICANT/OWNER: ROBERT M. CALDWELL APPLICANT ADDRESS: 262 HARBOUR PLACE DRIVE, DAVIDSON, N.C. 28036

SITE ADDRESS: 117 DOOLITTLE LANE, MOORESVILLE, N.C. 28117 PHONE: 828-989-3785 ALT. PHONE 704-400-2307

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON NORMANDY, (L) ON DOOLITTLE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: LAKE NORMAN AIR PARK SECTION: P2 LOT # 33 LOT AREA: 1.23 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	5/29/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	5/18/22	System Description:		25% REDUCTION		☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #		Repair System Description:		50% REDUCTION		☐ Other	No. Employees –	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	402 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth	–		☐ GRAVITY	☑ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELL, DO NOT EXCEED A 35IN MAX TRENCH BOTTOM, SUPPLY LINE MUST BE 30IN DEEP UNDER DRIVEWAY AND GULLEY

4BR SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH

SEE ATTACHED
SITE PLAN BY:
ICHD ENVIRONMENTAL
HEALTH, BRYANT C. WHITE
DATED 4-19-2021

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Tanks supply line 7/13/22 to back of CW garage

Alarm Checked MW

floats

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

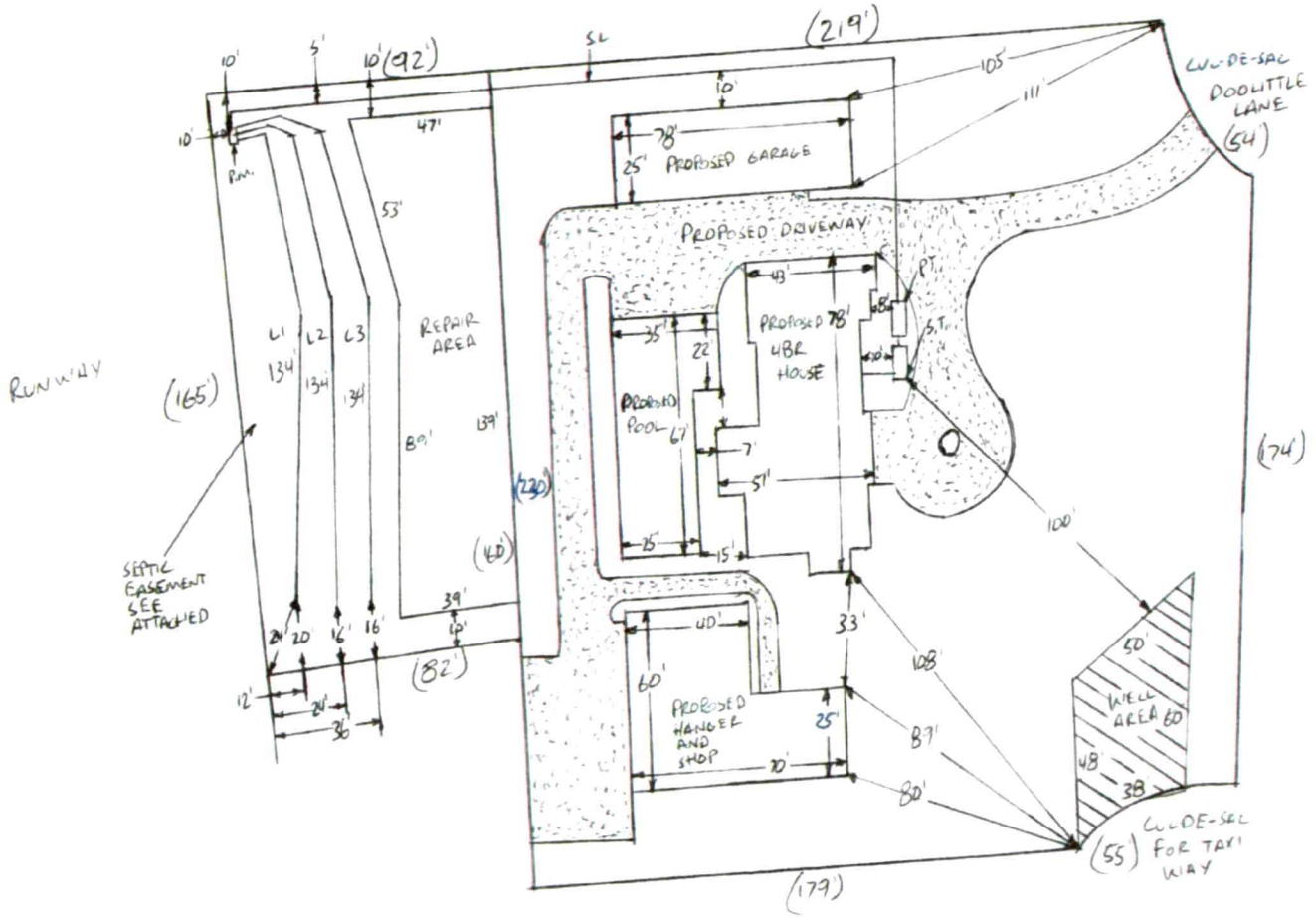
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4-20-21 Installed by: Abernathy

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-19-2021 OPERATION PERMIT by: [signature] Date: 10/21/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-19-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



1 IN = 50 FT

S.T. = SEPTIC TANK
P.T. = PUMP TANK
P.M. = PRESSURE MANIFOLD
S.L. = SUPPLY LINE

TAPS

L1 = 1/2 SCH 40
L2 = 1/2 SCH 40
L3 = 1/2 SCH 40

DOSE VOLUME = 189 GAL
DRAW DOWN = 9 IN
GPM = 21.33
RUN TIME = 9 MIN
PRESSURE HEAD = 2 FT

Bu Jest Culleti 4-19-2021

SOIL/SITE EVALUATION

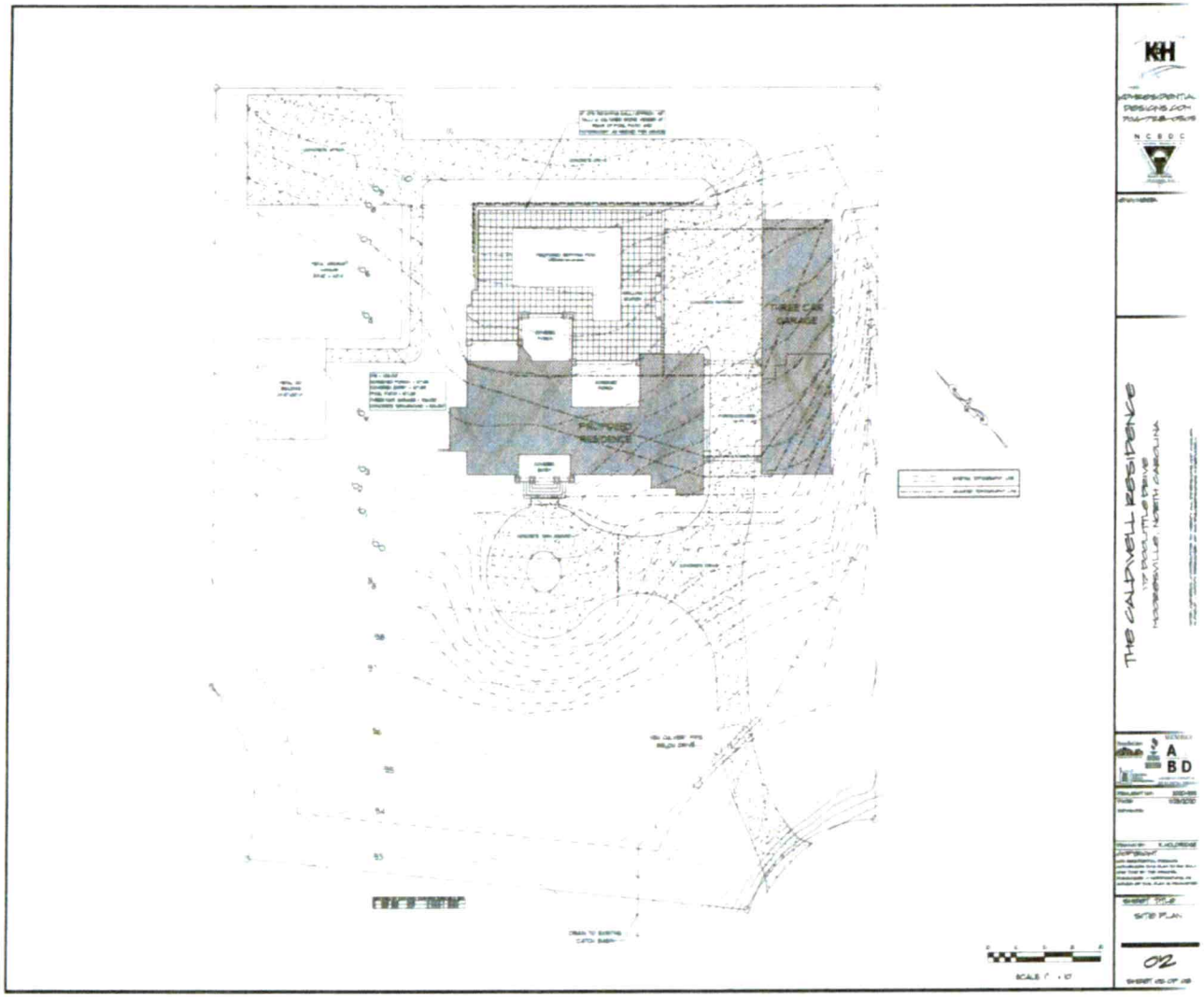
(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4638-53-0655
DATE OF EVALUATION: 3-4-2020 / 3-24-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 8%	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"	PS II SL	NA	PS .3
		28-48	CL, WSBK	FR, SS, SP, SEXP					
		48-65	SAP, MAS	FI, NS, NP, SEXP					
2	~~LINEAR~~ NOSE 5%	0-27	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	66"+	NA	NA	PS .3
		27-66	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-10	C, SBK	FRI S, P, SEXP	SAP INC THRU OUT FEW FI-VFI	~~48~~ 24"	PS II L	NA	PS .3
		10-47	CL, WSBK	FR, SS, SP, SEXP					
		47-68	SAP, MAS/RC	FR, NS, NP, SEXP					
4	LINEAR SIDE 5%	0-30	C, SBK	FR, S, P SEXP	SAP INC THRU OUT ~~FEW~~ FI	55"	PS II L	NA	PS .3
		30-55	CL, WSBK	FR, SS, SP, SEXP					
		55-65	SAP, MAS	FR, NS, NP, SEXP					
5	LINEAR SIDE 5%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI	60"+	NA	NA	PS .3
		33-60	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:


THREE CAR GARAGE
PLANNED RESIDENCE

(DB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-302611

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4638 -53 -0655

APPLICANT/OWNER: ROBERT M. CALDWELL APPLICANT ADDRESS: 262 HARBOUR PLACE DRIVE, DAVIDSON, N.C. 28036

SITE ADDRESS: 117 DOOLITTLE LANE, MOORESVILLE, N.C. 28117 PHONE: 828-989-3785 ALT. PHONE 704-400-2307

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON NORMANDY, (L) ON DOOLITTLE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: LAKE NORMAN AIR PARK SECTION: P2 LOT # 33 LOT AREA: 1.23 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	7/00	Date	5/29/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	5/18/22	System Description:	25% REDUCTION			☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #		Repair System Description:	50% REDUCTION			☐ Other	No. Employees –	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	402FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth	–		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELL, DO NOT EXCEED A 35IN MAX TRENCH BOTTOM, SUPPLY LINE MUST BE 30IN DEEP UNDER DRIVEWAY AND GULLEY

4BR SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN BY: ICHD ENVIRONMENTAL HEALTH, BRYANT C. WHITE DATED 4-19-2021

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Tanks supply line 7/13/22 to back of CW garage

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4-30-21 Installed by: Abernathy

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-19-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-19-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

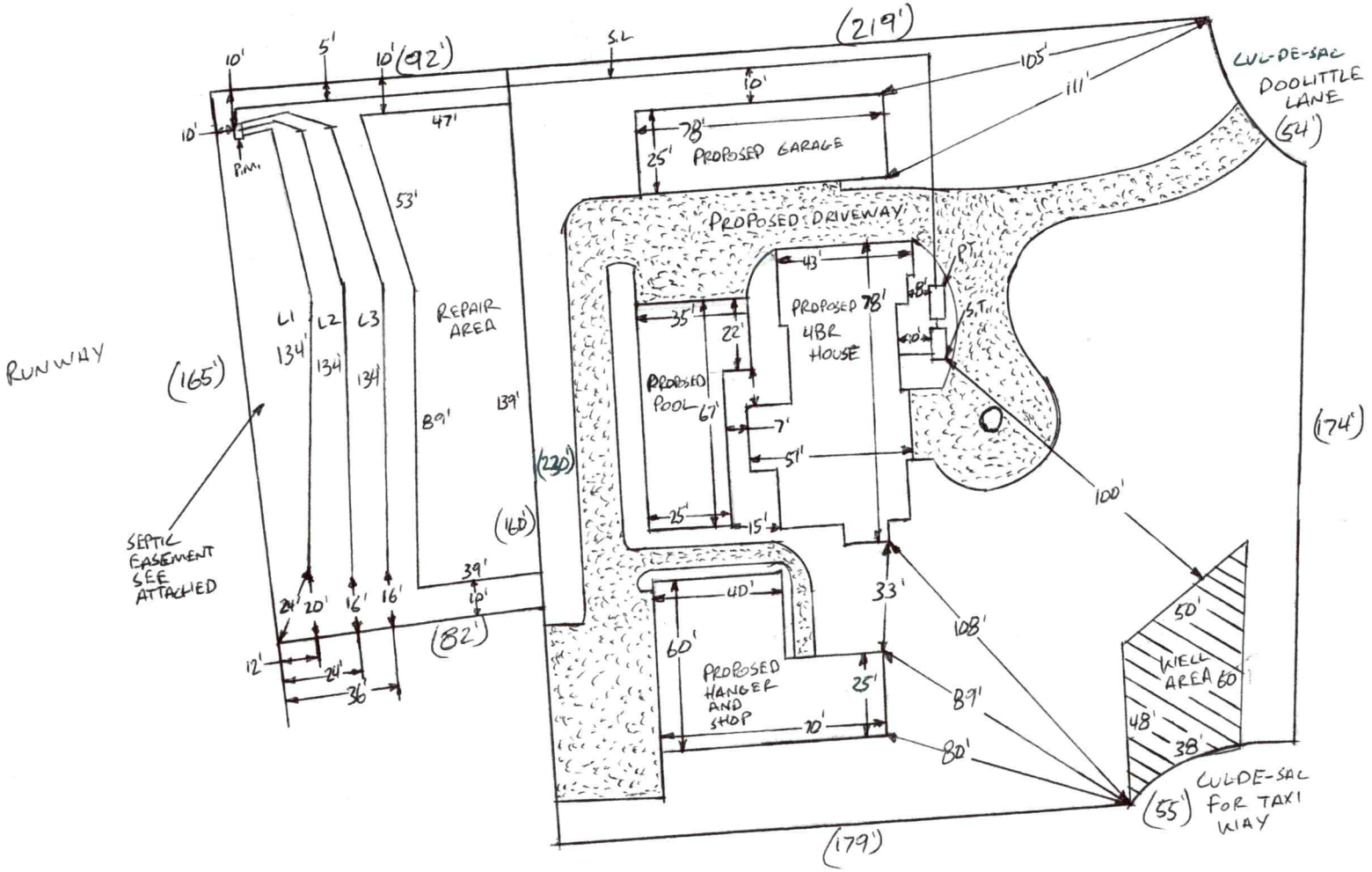
Item	Date	Initials
Drain Lines Checked	7/15	BB
Tanks Checked	7/15	BB
Pressure Manifold or Valve Box Checked	7/15	BB
Pressure Head Set	7/15	BB.
Electrical Checked		
Floats Set	7/15	BB
Alarm Checked	7/15	BB.
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

1 IN = 50 FT

S.T. = SEPTIC TANK
P.T. = PUMP TANK
P.M. = PRESSURE MANIFOLD
S.L. = SUPPLY LINE

TAPS
L1 = 1/2 SCH 40
L2 = 1/2 SCH 40
L3 = 1/2 SCH 40
DOSE VOLUME = 189 GAL
DRAW DOWN = 9 IN
GPM = 21.33
RUN TIME = 9 MIN
PRESSURE HEAD = 2 FT



Budget Cubed 4-19-2021

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4638-53-0655
DATE OF EVALUATION: 3-4-2020 / 3-24-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 8%	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"	PS II SL	NA	PS .3
		28-48	CL, WSBK	FR, SS, SP, SEXP					
		48-65	SAP, MAS	FI, NS, NP, SEXP					
2	~~LINEAR~~ NOSE 5%	0-27	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	66"+	NA	NA	PS .3
		27-66	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-10	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI-VFI	~~66~~" 47"	PS II L	NA	PS .3
		10-47	CL, WSBK	FR, SS, SP, SEXP					
		47-68	SAP, MAS/RC	FR, NS, NP, SEXP					
4	LINEAR SIDE 5%	0-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT ~~FEW~~ FI	55"	PS II L	NA	PS .3
		30-55	CL, WSBK	FR, SS, SP, SEXP					
		55-65	SAP, MAS	FR, NS, NP, SEXP					
5	LINEAR SIDE 5%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI	60"+	NA	NA	PS .3
		33-60	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:

10 % SLOPE
COMMON AREA
PM
130
134
138
PIT2
PIT4
PIT1
PIT3
TERRACE
HANGER
SEED
HOUSE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | (DB) | PERMIT # AP-302611

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4638 --53 --0653

APPLICANT/OWNER: ROBERT M. CALDWELL | APPLICANT ADDRESS: 262 HARBOUR PLACE DRIVE, DAVIDSON, N.C. 28036

SITE ADDRESS: 117 DOOLITTLE LANE, MOORESVILLE, N.C. 28117 | PHONE: 828-989-3785 | ALT. PHONE 704-400-2307

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON NORMANDY, (L) ON DOOLITTLE, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: LAKE NORMAN AIR PARK | SECTION: P2 | LOT # 33 | LOT AREA: 1.23 AC | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	25% REDUCTION			☐ Business	No. Persons	8	☑ Private
Pump Make		Model	Serial #	Repair System Description:	50% REDUCTION			☐ Other	No. Employees	–	☐ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 402FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth –	☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELL, DO NOT EXCEED A 35IN MAX TRENCH BOTTOM, SUPPLY LINE MUST BE 30IN DEEP UNDER DRIVEWAY AND GULLEY

4BR SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN BY: ICHD ENVIRONMENTAL HEALTH, BRYANT C. WHITE DATED 4-19-2021

AS BUILT SKETCH

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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4-30-21 Installed by: Abernethy Cooks Septic

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-19-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-19-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	7/15	BB
Tanks Checked	7/15	BW
Pressure Manifold or Valve Box Checked	7/15	BB
Pressure Head Set	7/15	BB.
Electrical Checked		
Floats Set	7/15	BB
Alarm Checked	7/15	BB.
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

1 IN = 50 FT

S.T. = SEPTIC TANK

P.T. = PUMP TANK

P.M. = PRESSURE MANIFOLD

S.L. = SUPPLY LINE

TAPS

L1 = 1/2 SCH 40

L2 = 1/2 SCH 40

L3 = 1/2 SCH 40

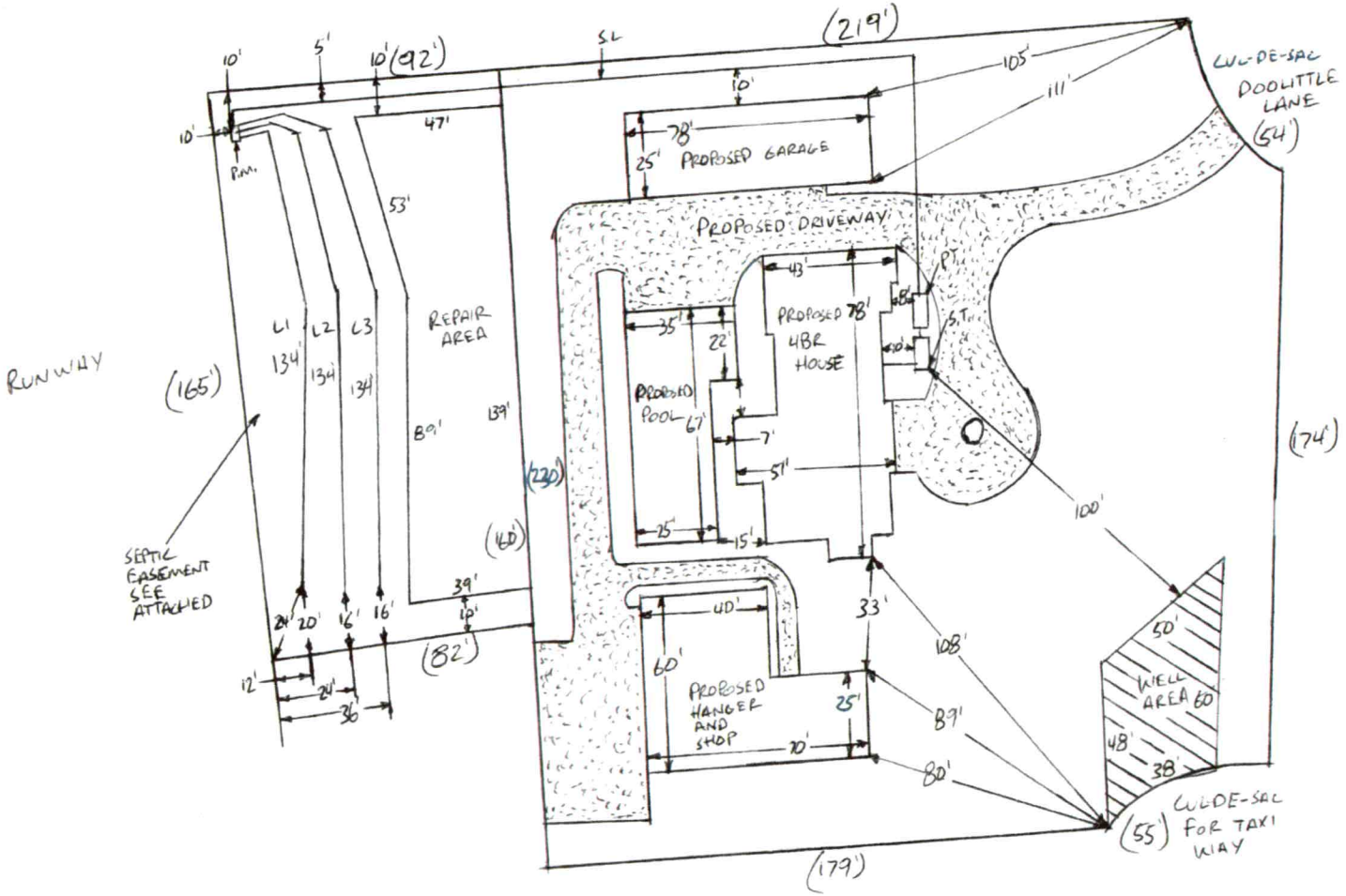
DOSE VOLUME = 189 GAL

DRAW DOWN = 9 IN

GPM = 21.33

RUN TIME = 9 MIN

PRESSURE HEAD = 2 FT



Bryant Caldwell 4-19-2021

SOIL/SITE EVALUATION

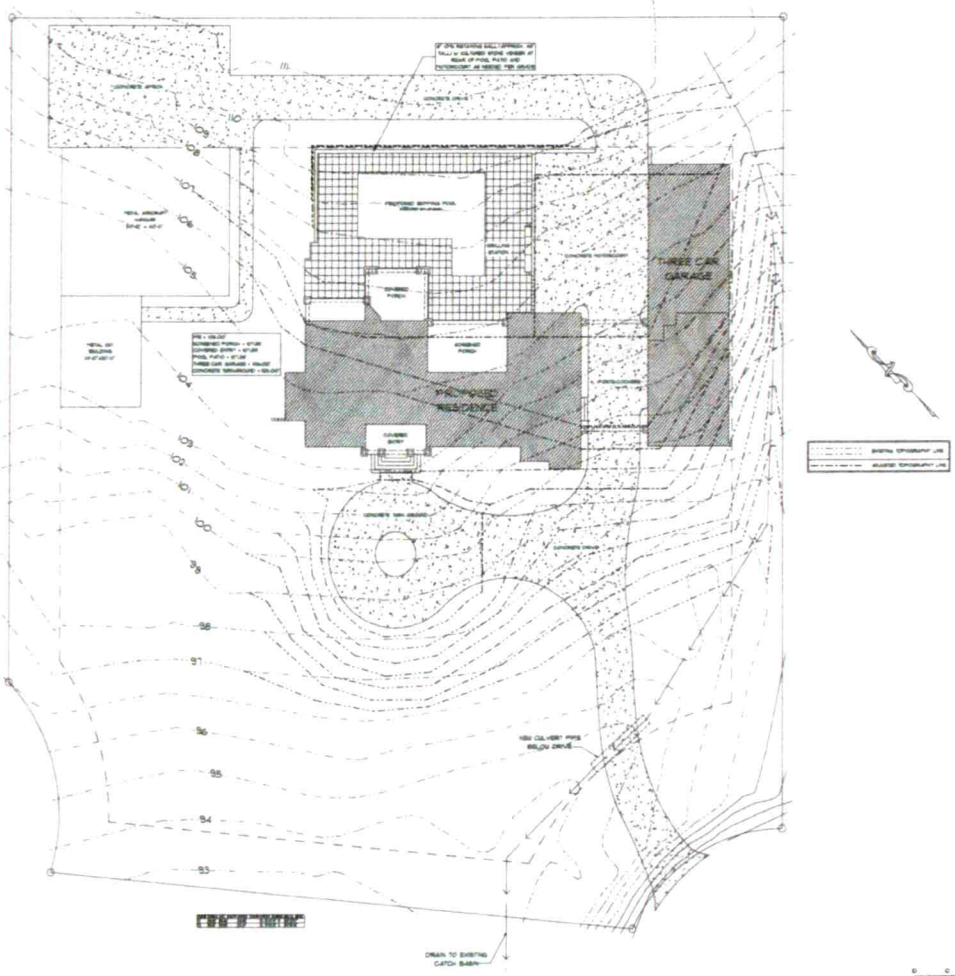
(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4638-53-0655
DATE OF EVALUATION: 3-4-2020 / 3-24-2021
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 8%	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"	PS II SL	NA	PS .3
		28-48	CL, WSBK	FR, SS, SP, SEXP					
		48-65	SAP, MAS	FI, NS, NP, SEXP					
2	~~LINEAR~~ NOSE 5%	0-27	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	66"+	NA	NA	PS .3
		27-66	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-10	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI-VFI	~~60~~" 47"	PS II L	NA	PS .3
		10-47	CL, WSBK	FR, SS, SP, SEXP					
		47-68	SAP, MAS/RC	FR, NS, NP, SEXP					
4	LINEAR SIDE 5%	0-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT ~~FEW~~ FI	55"	PS II L	NA	PS .3
		30-55	CL, WSBK	FR, SS, SP, SEXP					
		55-65	SAP, MAS	FR, NS, NP, SEXP					
5	LINEAR SIDE 5%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI	60"+	NA	NA	PS .3
		33-60	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:



KH
KHRESIDENTIAL DESIGNS.COM
704-756-0606
N C B D C

THE CALDWELL RESIDENCE
121 BOULTLE DRIVE
MOORESVILLE, NORTH CAROLINA

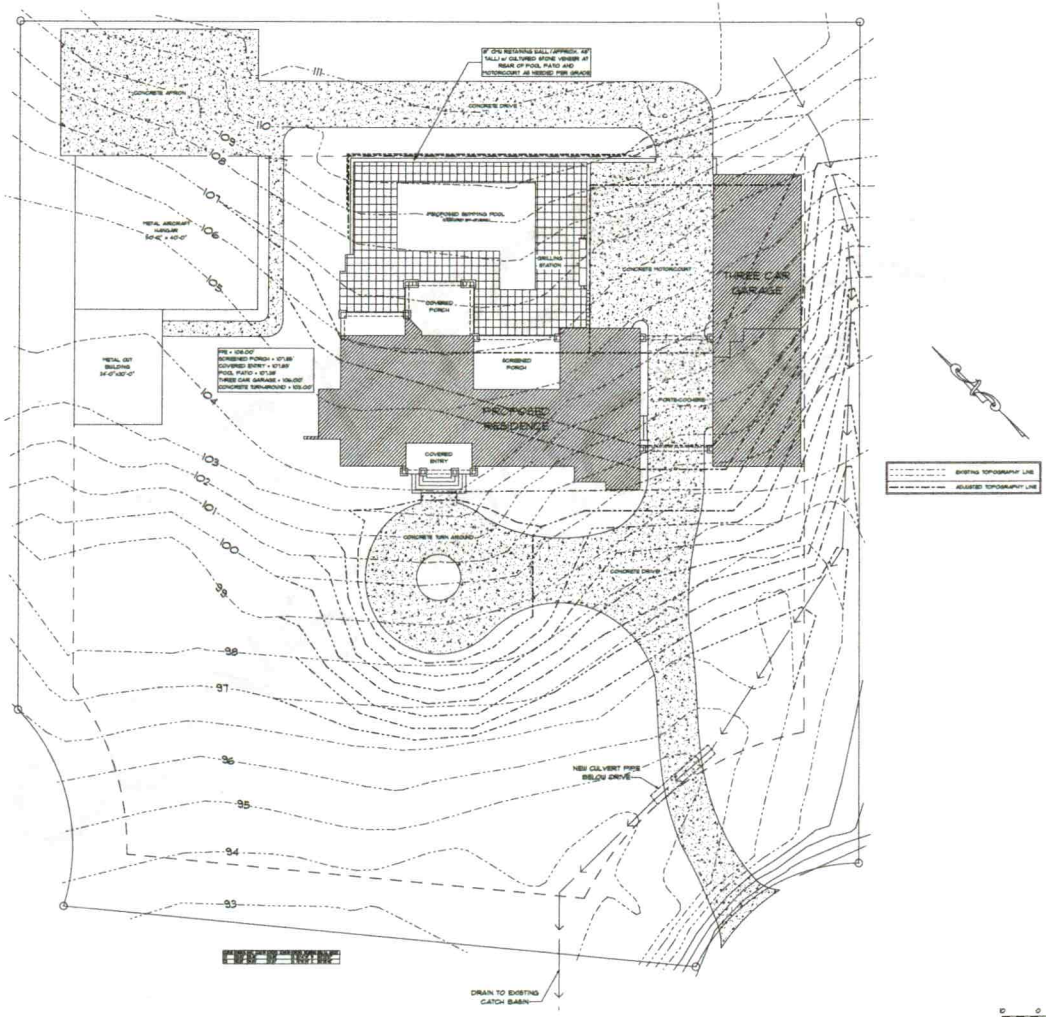
MEMBER A B D

PROJECT NO: 2020-999
DATE: 10/9/2020

DRAWN BY: K.HOLDRIDGE

SHEET TITLE
SITE PLAN

02
SHEET NO. OF NO.



K&H RESIDENTIAL DESIGNS.COM
704-718-0505
N·C·B·D·C
ENGINEER

THE CALDWELL RESIDENCE

117 DOOLITTLE DRIVE
MOORESVILLE, NORTH CAROLINA

ALL ARCHITECTURAL WORKS AS INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF K&H RESIDENTIAL DESIGNS AND SHALL NOT BE USED BY OWNER OR OTHERS ON EXTENSIONS OF THE PROJECT OR ON ANY OTHER PROJECT WITHOUT THE SPECIFIC WRITTEN CONSENT OF K&H RESIDENTIAL DESIGNS.

MEMBER AIBD

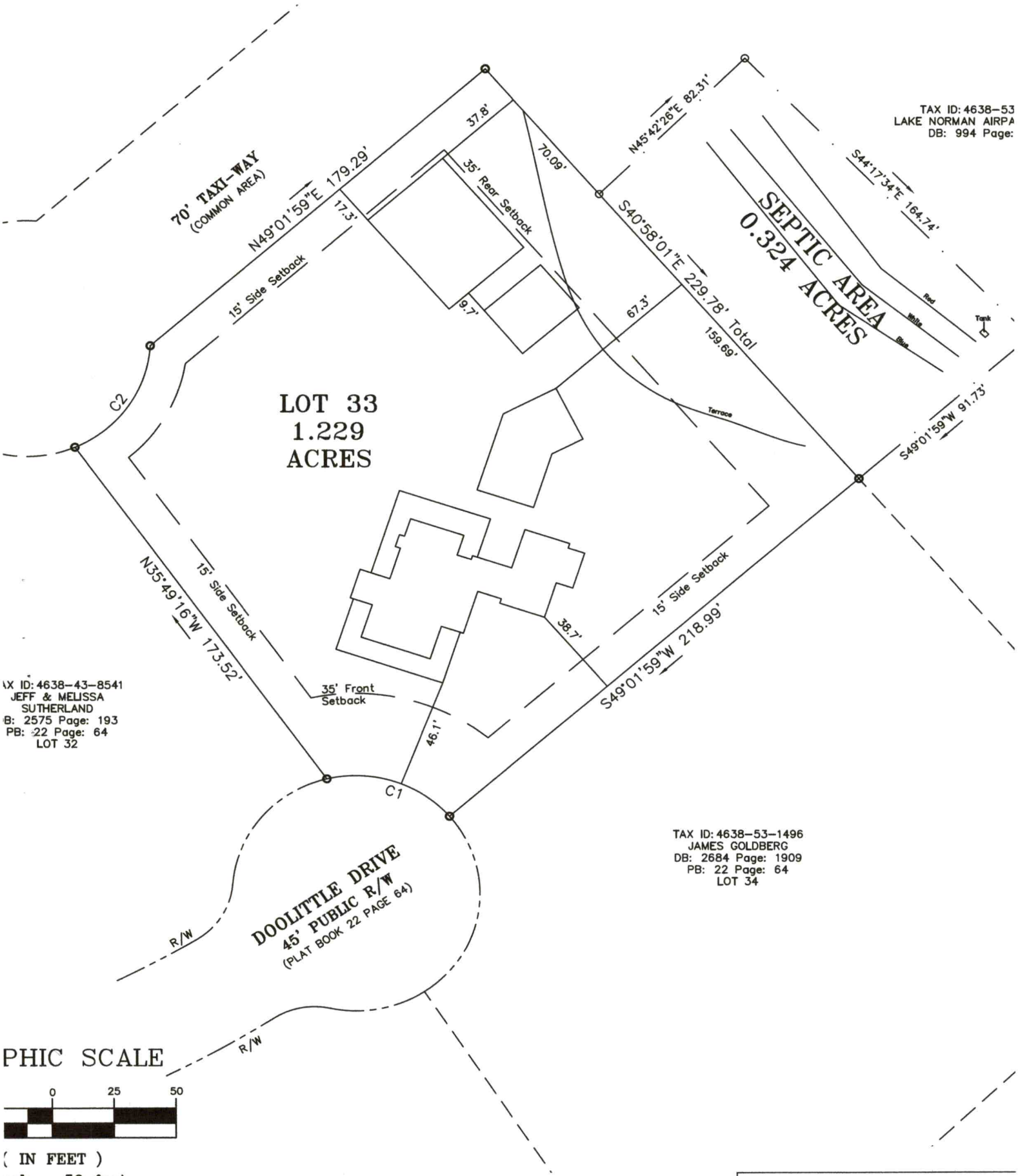
PERMIT NO: 2020-499
DATE: 11/25/2020

DRAWN BY: K.HOLDRIDGE

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ALL ARCHITECTURAL DRAWINGS AUTHORIZED THIS PLAN TO BE BUILT ONE TIME BY THE ORIGINAL PURCHASER. ANY ALTERATIONS OR REUSE OF THIS PLAN IS PROHIBITED

SHEET TITLE
SITE PLAN

02
SHEET 02 OF 08



PHIC SCALE

0 25 50

(IN FEET)

ıch = 50 feet

PLOT PLAN

3 – THE LAKE NORMAN AIRPARK

PHASE II

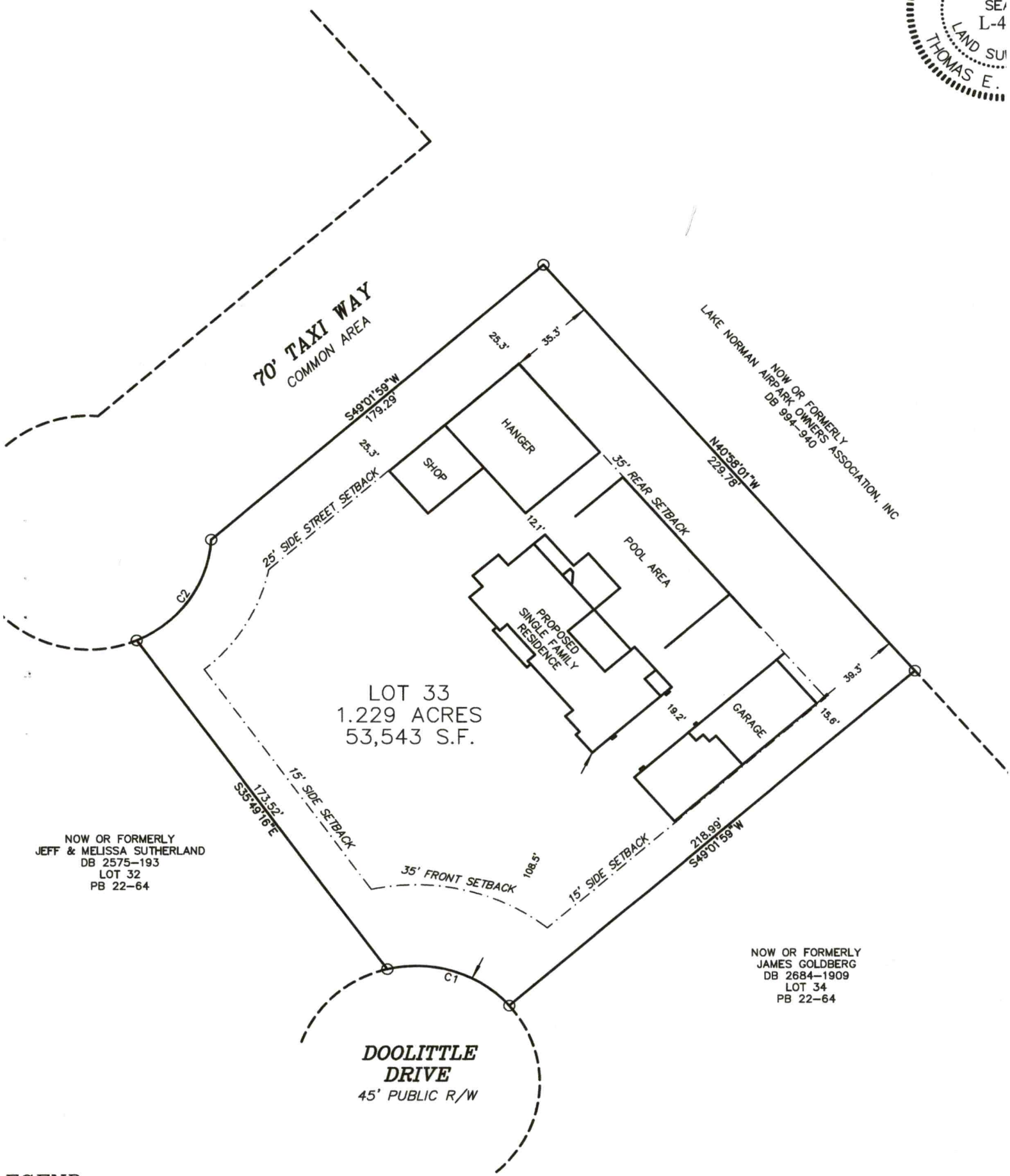
LEGEND

R/W = Right-of-way

CURVE TABLE			
CURVE	RADIUS	ARC	BEARIN
C1	50.00'	54.65'	S 72°16'2

'O SCALE

C2	63°34'03"	55.47'	50.00'	N35°14'46"E	52.67'



EGEND

Type: CRP
Recorded: 01/11/2021 at 04:01:12 PM
Fee Amt: $26.00 Page 1 of 4
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2771 PG 981-984

Prepared by and return to: Christopher P. Gelwicks, The McIntosh Law Firm, P.C., P.O. Box 2270, Davidson, NC 28036

STATE OF NORTH CAROLINA

EASEMENT

COUNTY OF IREDELL

THIS EASEMENT, entered into this 8 day of January, 2021, by and between, Lake Norman Airpark Owners' Association, Inc., A North Carolina non-profit corporation with its office located in Iredell County, North Carolina (hereinafter referred to as "Corporation") and Robert M. Caldwell, of Iredell County, North Carolina (hereinafter referred to as "Caldwell").

WITNESSETH

THAT WHEREAS, Caldwell has purchased Lot No. 33 of Lake Norman Airpark Subdivision ("Lot"), located in Davidson Township, Iredell County, North Carolina, as recorded in Plat Book 22, Page 64, in the office of the Register of Deeds for Iredell County, North Carolina; and

WHEREAS, the said lot is suitable for the installation of a standard septic tank sewage disposal system ("System"); but said lot is not suitable for the System and the required repair area; and

WHEREAS, the Corporation has agreed to give Caldwell an easement ("Easement") to permit him to install a sewage disposal system or portions thereof on the below described property owned by the Corporation to utilize, if necessary, as a System repair area.

Page Count: 4
☐NS ☐PQ ☐SI

R.O.T.C.

NOW, THEREFORE, in consideration of TEN AND 00/100 ($10.00) DOLLARS to it in hand paid, the Corporation does herewith convey unto Caldwell, his successors and assigns, a perpetual Easement over the property hereinafter described subject to the provisions hereinafter set-forth for the purpose of installing a System including nitrification field or any other drainage system, absorption systems or such other systems as may be subsequently developed for sewage disposal, together with the right of way and Easement at any time for Caldwell, his heirs, successors and assigns, to enter on said property with equipment and/or personnel to perform necessary installation, maintenance and/or repairs to said System. Caldwell shall assure that persons or firms exercising the Easement herein contained shall proceed expeditiously with completion of any maintenance or installation to avoid unnecessary inconvenience to the Corporation, its members or guests, and the persons or firms exercising said Easement shall immediately repair all damage caused to the Easement. Caldwell, upon completion of any constructions hereinbefore set forth, shall cause the area within the easement to be restored to its preconstruction condition as determined by a representative of the Corporation. It is further understood that all nitrification fields or other installations placed on said property pursuant to this Easement will be placed underground and in such a manner that the installation will not interfere with the operation of the Air Park. The property over which this Easement is granted is more particularly described as follows:

Lying and being in Davidson Township, Iredell County, North Carolina, and more particularly described as follows:

BEGINNING at a point at the southeastern corner of Lot 33 – The Lake Norman Airpark (Phase II) and the northwestern corner of Lot 34 – The Lake Norman Airpark (Phase II) and on the line with the subject property. Thence with the line of Lake Norman Airpark Owners Association, Inc. as recorded in Deed Book 994 at Page 940 and the southeastern line of Lot 33, North 40-58-01 159.69 feet to a #4 rebar set. Thence North 45-42-29 East 82.31 feet to a #4 rebar set. Thence South 44-17-34 East 164.74 feet to a #4 rebar set. Thence South 49-01-59 West 91.73 feet to the Point of beginning, containing 0.324 acres more or less. This property is to be used as a septic area field. A survey of said property is attached hereto as Exhibit A.

Being a Portion of Tax Parcel 4638-53-4760 and from Deed Book 994 at Page 940 of the Iredell County Registry of Deeds.

TO HAVE AND TO HOLD said right and Easement to, him, the said Caldwell, his successors in title, heirs and assigns, it being agreed that the right and Easement hereby granted is appurtenant to and runs with the land now owned by Caldwell and hereinabove referred to.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, ROBERT M. CALDWELL, am the legal owner(s) of the property located at 117 DOOLITTLE, identified as PIN (Parcel Identification Number) 4638530655, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MAVERICK PROPERTIES LLC DAVID GAUS, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

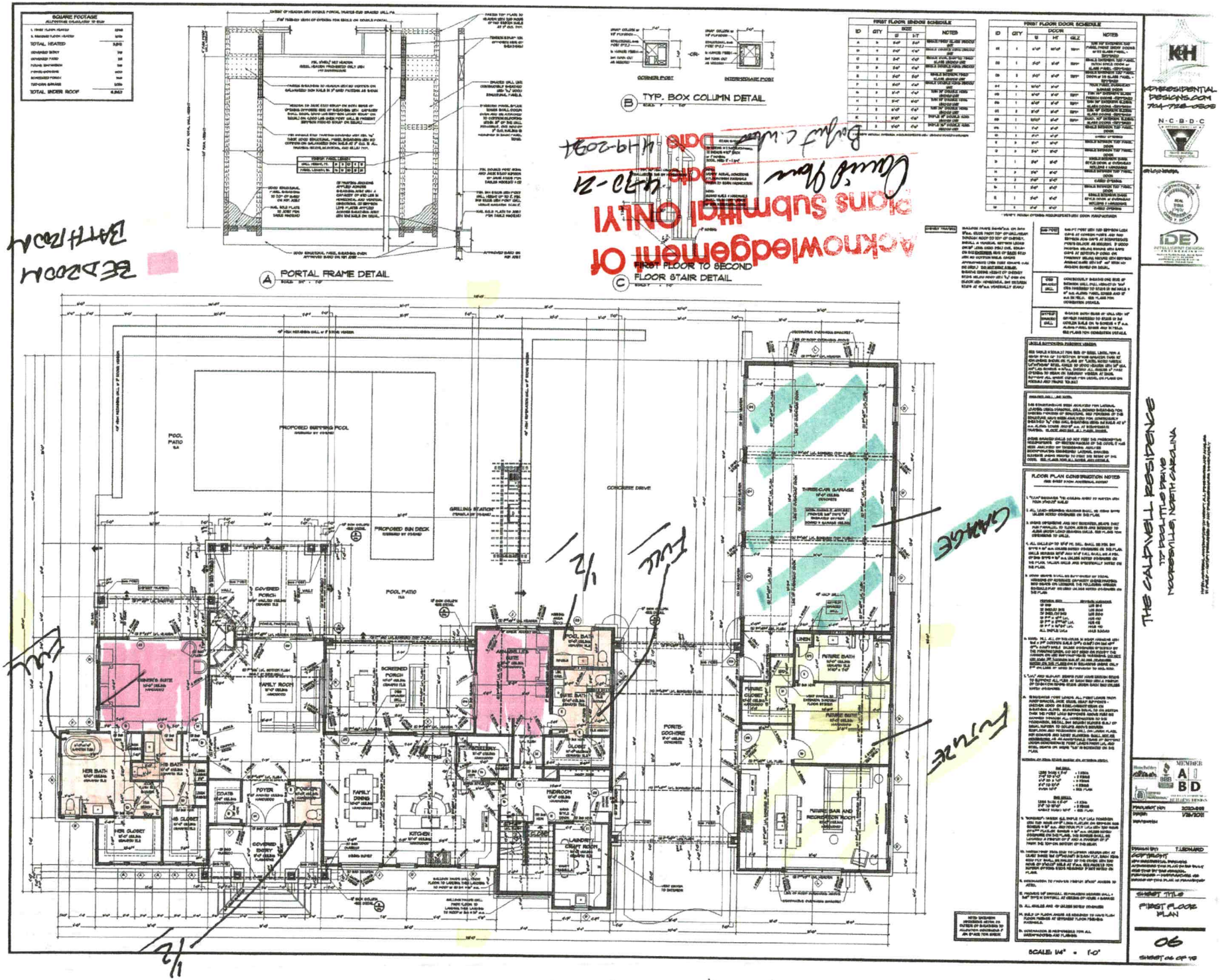
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	4-19-2021		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


SQUARE FOOTAGE
TOTAL HEATED
TOTAL UNDER ROOF
A PORTAL FRAME DETAIL
B TYP. BOX COLUMN DETAIL
C FLOOR STAIR DETAIL
FIRST FLOOR WINDOW SCHEDULE
FIRST FLOOR DOOR SCHEDULE
Acknowledgement Of
Plans Submittal ONLY!
Date 4-19-2021
Date 4-19-2021
PROPOSED SWIMMING POOL
POOL PATIO
CONCRETE DRIVE
PROPOSED SUN DECK
GRILLING STATION
THREE-CAR GARAGE
COVERED PORCH
SCREENED PORCH
POOL PATIO
FAMILY ROOM
OWNER'S SUITE
ADJOINING SUITE
HER BATH
HIS BATH
HER CLOSET
HIS CLOSET
FOYER
COVERED ENTRY
COAT
POWDER
FAMILY DINING
KITCHEN
PANTRY
LAUNDRY
CRAFT ROOM
LINEN
FUTURE BATH
FUTURE CLOSET
FUTURE SUITE
FUTURE BAR AND REFRIGERATOR NICHE
PORTE-COCHERE
Garage
Future
Future
THE CALDWELL RESIDENCE
17 PERLITTLE DRIVE
ASHEVILLE, NORTH CAROLINA
KH
KHRESIDENTIAL DESIGNS.COM
704-728-0606
N·C·B·D·C
IDE
MEMBER
AIBD
FIRST FLOOR PLAN
06
SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 4-20-21

Date 4-19-2021

RAFTERS BEARING o/ PLATE
o/ CEILING JOISTS DETAIL

SQUARE FOOTAGE

SECOND FLOOR WINDOW SCHEDULE

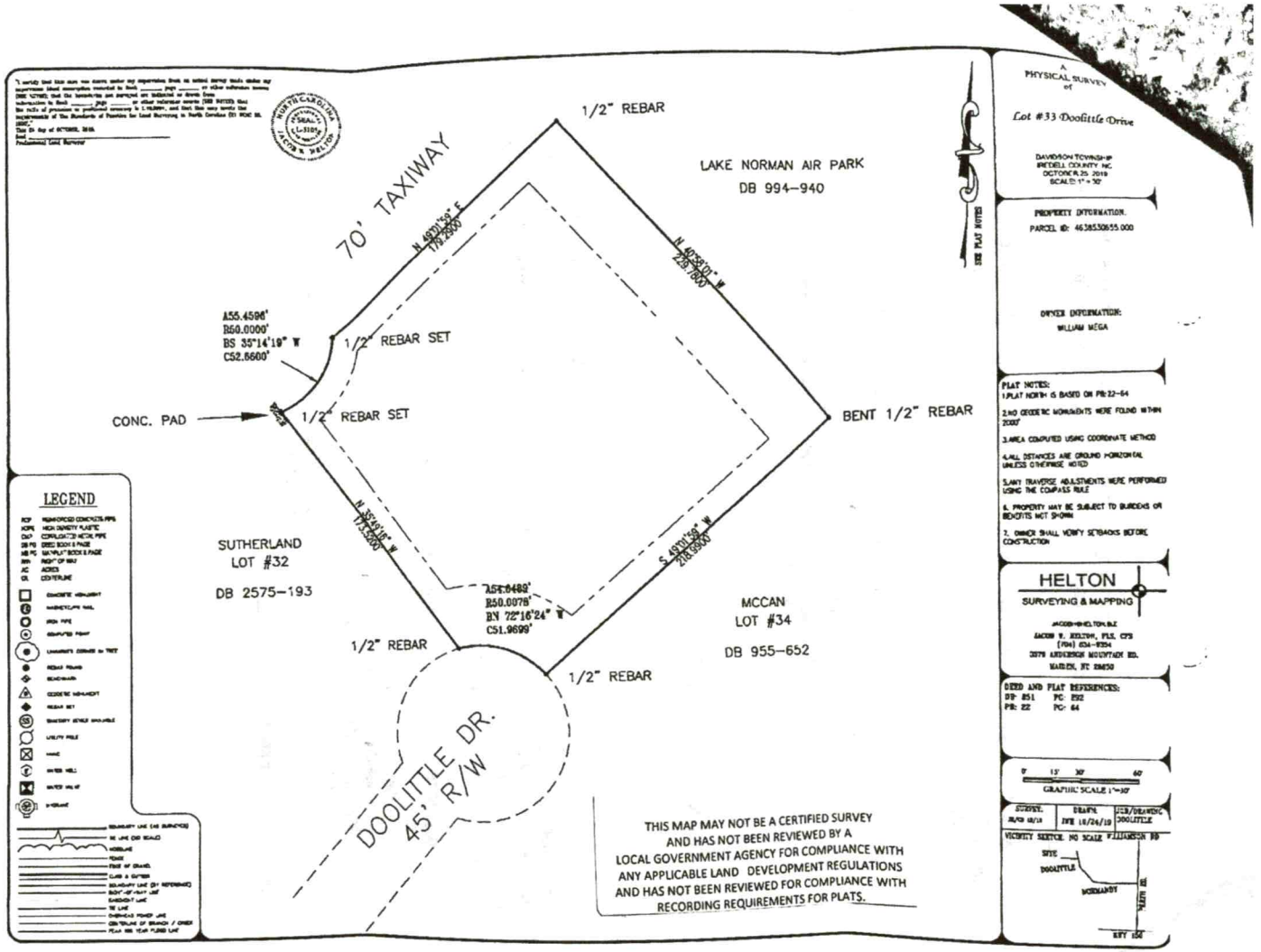
SECOND FLOOR DOOR SCHEDULE

THE CALDWELL RESIDENCE
117 DOOLITTLE DRIVE
MOORESVILLE, NORTH CAROLINA

SHEET TITLE
SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

SHEET NO OF 10


1/2" REBAR
LAKE NORMAN AIR PARK
DB 994-940
70' TAXIWAY
N 49°01'59" E
119.2900'
N 40°58'01" W
205.1800'
S 49°01'59" W
210.9900'
A55.4596'
R50.0000'
BS 35°14'19" W
C52.6660'
1/2" REBAR SET
1/2" REBAR SET
CONC. PAD
BENT 1/2" REBAR
N 54°46'18" W
113.5000'
A56.0488'
R50.0078'
BN 72°16'24" W
C51.9699'
SUTHERLAND
LOT #32
DB 2575-193
MCCAN
LOT #34
DB 955-652
1/2" REBAR
1/2" REBAR
DOOLITTLE DR.
45' R/W
SEE PLAT NOTES
LEGEND
THIS MAP MAY NOT BE A CERTIFIED SURVEY
AND HAS NOT BEEN REVIEWED BY A
LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH
ANY APPLICABLE LAND DEVELOPMENT REGULATIONS
AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH
RECORDING REQUIREMENTS FOR PLATS.
A
PHYSICAL SURVEY
of
Lot #33 Doolittle Drive
DAVIDSON TOWNSHIP
IREDELL COUNTY, NC
OCTOBER 25, 2019
SCALE: 1" = 30'
PROPERTY INFORMATION:
PARCEL ID: 4638530655.000
OWNER INFORMATION:
WILLIAM MEGA
PLAT NOTES:
1.PLAT NORTH IS BASED ON PB:22-64
2.NO GEODETIC MONUMENTS WERE FOUND WITHIN 2000'
3.AREA COMPUTED USING COORDINATE METHOD
4.ALL DISTANCES ARE GROUND HORIZONTAL UNLESS OTHERWISE NOTED
5.ANY TRAVERSE ADJUSTMENTS WERE PERFORMED USING THE COMPASS RULE
6. PROPERTY MAY BE SUBJECT TO BURDENS OR BENEFITS NOT SHOWN
7. OWNER SHALL VERIFY SETBACKS BEFORE CONSTRUCTION
HELTON
SURVEYING & MAPPING
JACOB HELTON, PLS
(704) 634-9354
2079 ANDERSON MOUNTAIN RD.
WAXHAW, NC 28450
DEED AND PLAT REFERENCES:
DB: 851 PG: 292
PB: 22 PG: 64
0' 15' 30' 60'
GRAPHIC SCALE 1"=30'
SURVEY: JH/CB 10/19
DRAFT: JWE 10/24/19
JCB/DRAWING: DOOLITTLE
VICINITY SKETCH NO SCALE WILLIAMSON RD
SITE
DOOLITTLE
NORMANDY
N 49°01'59" E
119.2900'
N 40°58'01" W
205.1800'
S 49°01'59" W
210.9900'
N 54°46'18" W
113.5000'



This Easement has been prepared by Attorney Christopher P. Gelwicks who has not rendered or implied a title opinion regarding the property on, over and in which the said Easement is located.

IN WITNESS WHEREOF, the said Corporation has caused this instrument to be signed in its corporate name by its duly authorized officer by authority of its Board of Directors, the day and year first above written.

Lake Norman Airpark Owners Association, Inc.

N. Watts (SEAL)

By: Lake Norman Airpark Owners Association Inc
Its President

STATE OF NORTH CAROLINA

COUNTY OF Iredell

I, Kim M. Cory Notary Public of the County and State aforesaid, certify that Nicky L Watts, did personally appear before me and acknowledged to be the President of the Lake Norman Airpark Owners Association, Inc., and as such, being authorized to do so, executed the foregoing instrument forgoing instrument for the purposes therein contained by signing his name on behalf of the corporation.

WITNESS, my hand and notarial seal this 8th day of January, 2021.

Kim M Cory, Notary Public
Iredell County, North Carolina
My Commission Expires 10/9/2022
(SEAL)

Kim M Cory
Notary Public

My Commission Expires: 10/09/2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

$350.00

Iredell County Health Department – Environmental Health Division

11.14.19

PAGE 1: *APPLICATION FORM*

AP-302611

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: ROBERT M. CALDWELL Address: 262 HARBOUR PL DR DAVIDSON, NC ~~28036~~ Zip: 28036
Applicant Email: ROB@ROBCALDWELL.NET Phone: 828-989-3785 Alt. Phone: N/A
Owner Name: WILLIAM & JUDITH MEGA Address: 3911 FAIRFAX FARMS RD FAIRFAX, VA Zip: 22033
Owner Email: FXFRMS@VERIZON.NET Phone: 703-591-5495 Alt. Phone: 540-336-1503

Property Information:

Street Address: 117 DOOLITTLE LN ~~DOOLITTLE LOT 33~~ PIN# 4638530655.00
Subdivision Name: LAKE NORMAN AIRPARK Section/Phase: _____ Lot Number: 33
Driving Directions: PERTH ROAD > NORMANDY > DOOLITTLE LN

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building (HANGER)
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
(✓) Swimming Pool
( ) Other Addition/Structure: HANGER
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

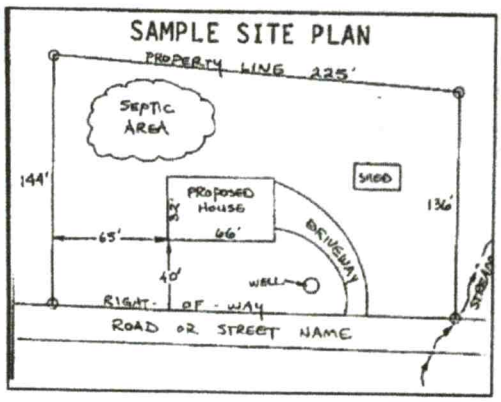
Signature: _____ 10/29/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOOLITTLE CIR

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

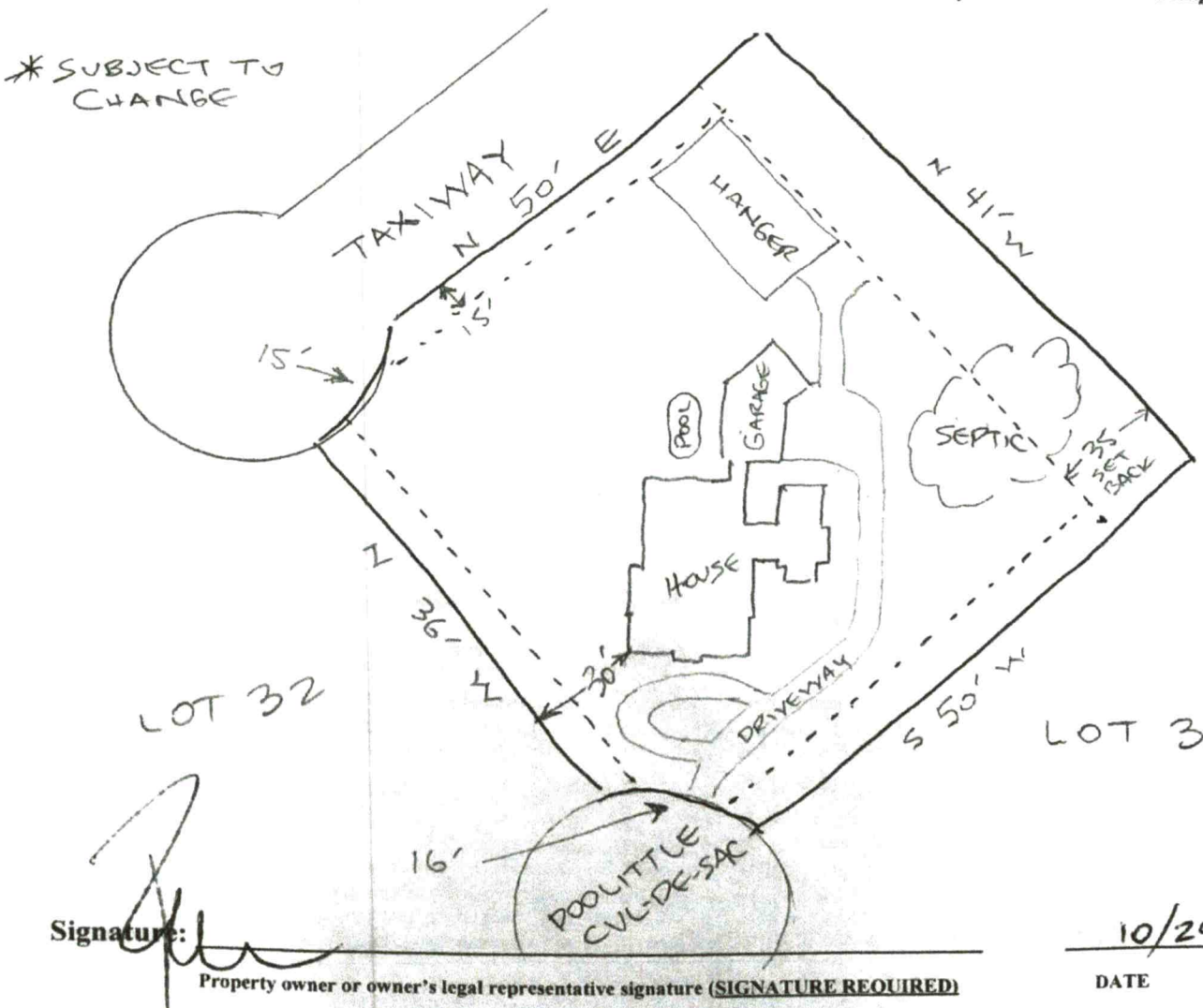
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ **DATE** 10/29/2019

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Expedited Review Process

Checklist For Licensed Soils Scientists

9/28/2015

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

✓ *A Copy of This Completed Checklist*

✓ **Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)**

✓ **Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant**

✓ **A copy of the Iredell County *Zoning Permit* (if required)**

✓ ***Documentation to Authorize an Owners Legal Representative* form**

_____ ***Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts**

✓ **Owner or Clients contact information, included on application or part of submitted design**

✓ **NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth**

✓ **Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:**

- ✓ **Drainlines for initial and repair system**
- ✓ **Septic Tank locations identified**
- ✓ **Pump Tank location identified**
- ✓ **Proposed distribution method must be clearly identified**
- ✓ **All proposed and existing structures identified**
- ✓ **Proposed setbacks must be noted**
- ✓ **Proposed and existing driveway**
- ✓ **Well locations (if applicable)**
- ✓ **North arrow identified**

_____ **Pump Systems must note the following elevations on a scaled site plan:**

- ✓ **Pump Tank**
- ✓ **Initial septic system and repair line elevations**
- ✓ **Front or rear of house at point closest to drain field**
- ✓ **Temporary Bench Mark**

_____ **Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.**

✓ **Septic design signed and sealed by LSS.**

✓ **Site requirements completed by time of health department staff visit:**

- ✓ **All under brushing, debris cleanup**
- ✓ **Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot**
- ✓ **Permanent corners must be identified in field, or located by a licensed surveyor as needed.**
- ✓ **Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line**
- ✓ **Septic and Pump Tank location marked as required**
- ✓ **All proposed structures must be staked**

Gary McNeely
Owner Signature

11/14/2019
Date

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
302611 Issue Date: 11/13/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4638530655.000	117 DOOLITTLE LN	

Owner Information	Applicant Information
Name: MEGA WILLIAM L+JUDITH	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 11/13/2019

Signature of Owner/Contractor

Permit Number	000803	TOTAL FEES:	$77.25

WELL PERMIT
ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the WELL PERMIT application form. Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office
349 N. Center St.
Statesville, NC 28677
Phone: (704)878-5305

Mooresville Office
610 East Center Avenue
Mooresville, NC 28115-2548
Phone: (704)664-5281 option 3

---

1. Complete the Environmental Health Well Application form with site plan. Well fees can be paid directly at one of the Environmental Health offices listed above.
2. Clearly mark all property corners. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. Stake or flag where you want your well.
4. Any site not having adequate visibility(50' in any direction) must be cleared of "undergrowth" to allow access and provide good visibility.
5. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.

Completed permits must be picked up promptly.

Any site not ready when staff arrive for the evaluation will result in applicant being charged a site revisit fee of $100 and the request being returned to the bottom of the service request list.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ Date 1-30-2020

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, ROBERT MITCHELL CALDWELL, am the legal owner(s) of the property located at 117 DOOLITTLE LN, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4638530655, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____ _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

①

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-664-5281 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

ROBERT MITCHELL CALDWELL	262 HARBOUR PT DR DAVIDSON, NC 28036	828 989-3785
Applicant Name	Street, City, State, Zip	Phone Number
SAME	SAME	SAME
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number
117 DOOLITTLE LN, MOORESVILLE, NC 28117	LAKE NORMAN AIRPARK	33
Well Site Location / Street Address	Subdivision	Lot Number
4638530655 PERSONAL RESIDENCE	NEW	
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)
PERTH ROAD TO NORMANDY > TURN WEST ON NORMANDY		

Directions from here to your site

TO DOOLITTLE

All site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction must be identified on the site plan sketch below.

②

SITE PLAN SKETCH

SEE SEPTIC APPLICATION

CHECK AS APPLICABLE:

____ There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)

____ There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.

____ There is an easement, right-of-way or other encroachment agreement applicable to this parcel.

By signing below I acknowledge that the information provided herein is true, complete and correct. Furthermore, I grant authorized county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site investigation can be performed.

1-30-2020

SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy

Rob Caldwell
262 Harbour Place Drive
Davidson, NC 28036
828-989-3785
rob@robcaldwell.net

Bryant White
Iredell County, NC
Environmental Health Division

January 31, 2020

RE: 117 Doolitte Lane Septic and Well

Bryant,

Here is my amended application for the septic system at 117 Doolittle Lane. Also included is the authorization from the Lake Norman Airpark Home Owners Association for access to the common area.

I believe there is a credit from my previous, incompleted application? Please let me know the balance owed for the septic application.

I have also included the application for the new well. The location indicated is only a guess. We are open for recommendations on this. What do I owe for this?

I will be out of the country February 1st to February 9th. I would like to schedule a time with you as soon as possible after the 9th.

I appreciate your help.

Sincerely,

Rob Caldwell